

***Rhode Island Department of Health***  
***Epidemiology and Laboratory Reporting and Surveillance Manual***



Revision 0: 1999  
Revision 1: 2003

***Division of Disease Prevention and Control***

Three Capitol Hill  
Office of Communicable Diseases  
Providence, RI 02908-5097

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<b>Clostridium botulinum</b> .....	29
Coccidioides immitis .....	32
<b>Corynebacterium diphtheriae</b> .....	33
<b>Coxiella burnetii (Q fever)</b> .....	34
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## I. INTRODUCTION

Pursuant to the Rules and Regulations Pertaining to the Reporting of Communicable, Environmental and Occupational Diseases (September 2002), all Physicians, Physician Assistants, Certified Registered Nurse Practitioners, Midwives, and **Clinical Laboratories** are **REQUIRED** to report specifically listed communicable diseases in a manner as set forth in the regulations. The reporting requirements that are described in this manual are based on the “Rules and Regulations Pertaining to the Reporting of Communicable, Environmental and Occupational Diseases R23-10-DIS of September 2002.” This document can be accessed at <http://www.rules.state.ri.us/rules/wrappers/2157.html>

This manual - The RI Epidemiology and Laboratory Testing, Reporting and Surveillance Manual is designed to provide laboratory personnel and other health care providers with a single source of information on the RI Department of Health’s (HEALTH) disease reporting requirements, the available testing services offered by the HEALTH Laboratories, and information pertaining to collection and transport of specimens.

This manual is primarily organized alphabetically by reportable disease. For each reportable disease/disease agent there is listed the following: reportability requirements, criteria for a positive finding as given by CDC, requirements for submission of positive results to the HEALTH Laboratory, and procedures that would need to be taken for specimen collection, handling and transport to the HEALTH Laboratory.

Also included in this manual is a listing of disease agents by the laboratory unit that is responsible for analysis. This secondary listing by the laboratory section whose personnel perform the analysis is given in Section IV of the Table of Contents . Since the CDC criteria for a positive finding may include tests that may be performed in several different laboratories, a particular disease agent may be listed under two or more laboratory units.

**Section V** provides a general overview of the types of clinical testing services available through the HEALTH Laboratories, regardless of reportability requirements.

We hope this manual will be useful to you. Please remember that information in this manual may change without notice; however, a sincere effort will be made to keep it current. We welcome any comments you may have. For comments, suggestions or questions please email Helen McCarthy at [HelenM@doh.state.ri.us](mailto:HelenM@doh.state.ri.us).

## II. Rhode Island Department of Health Phone Numbers

Revised: 1/08/2003

Staff For Consultation and Assistance Related to Testing, Surveillance and Reporting of Communicable Diseases

DIVISION/PROGRAM	PHONE NUMBER	FAX NUMBER
<b><u>DIVISION OF DISEASE PREVENTION &amp; CONTROL</u></b>	(401) 222-2577	(401) 222-2488
John Fulton, PhD, Associate Director (contact Program staff first)	(401) 222-1172	(401) 222-3551
Utpala Bandy, MD, MPH State Epidemiologist and Assistant Medical Director	(401) 222-2432	(401) 222-2488
<b><u>Office Of Communicable DISEASE</u></b>	(401) 222-2577	(401) 222-2488
Larry Reynolds Office Chief	(401) 222-7631	(401) 222-2478
<b>Communicable Disease Program</b>		
Linda Mouradjian, RN	(401) 222-7533	(401) 222-2488
Linda D'Agostino, RN	(401) 222-2553	(401) 222-2477
Lenore Normandie, RN	(401) 222-7534	(401) 222-2488
Kathy King Barton	(401) 222-7531	(401) 222-2488
Zoanne Parillo	(401) 222-7535	(401) 222-2488
Epidemiologist: Tara Cooper, MPH	(401) 222-3284	(401) 222-2488
Epidemiologist: Kristin Gurba MPH	(401) 222-2577	(401) 222-2488
<b>Sexually Transmitted Diseases Program</b>		
Linda Mouradjian, RN	(401) 222-7533	(401) 222-1105
Ana Da Costa	(401) 222-1114	(401) 222-1105
Linda Quattro	(401) 222-1113	(401) 222-1105
Epidemiologist: Michael Gosciminski, MPH	(401) 222-1365	(401) 222-2478
<b>Tuberculosis Program</b>		
Nancy Hughes, RN MPH	(401) 222-7538	(401) 222-2478
Margaret Driscoll, RN	(401) 222-3993	(401) 222-2478
Epidemiologist: Michael Gosciminski, MPH	(401) 222-1365	(401) 222-2478
<b>Office Of HIV/AIDS</b>	(401) 222-2320	(401) 222-2488
Paul Loberti, MPH Office Chief	(401) 222-7545	(401) 222-2488
<b>HIV/AIDS Program</b>		
Carol Browning, RN	(401) 222-7542	(401) 222-2488
Mary Brown	(401) 222-7541	(401) 222-6001
Zoila Guerra	(401) 222-7543	(401) 222-6001
Epidemiologist: Hesham Aboshady, MB, BCh, MPH	(401) 222-7544	(401) 222-6001



<b><u>DIVISION OF FAMILY HEALTH</u></b>	(401) 222-2312	(401) 222-1442
<b>Immunization Program</b>		
Susan Shepardson	(401) 222-4603	(401) 222-1442
Pat Raymond, RN	(401) 222-5921	(401) 222-1442
Epidemiologist: Hanna Kim, PhD	(401) 222-4607	(401) 222-1442
<b><u>DIVISION OF PUBLIC HEALTH LABORATORIES</u></b>	(401) 222-5600	
Gregory Hayes, Dr Ph, Associate Director	(401) 222-5555	(401) 222-3332
Kenneth Jones, Dr Ph, Clinical Section Chief	(401) 222-5596	(401) 222-4572
<b>Bioterrorism Response Laboratory</b>		
Cynthia Vanner, Supervisor Laboratory	(401) 222-5599 (401) 222-5585, 5586	(401) 222-4572
<b>Molecular Diagnostics</b>		
Bob Ireland, Ph.D., Supervisor Laboratory	(401) 222-5598 (401) 222-5585, 5586	(401) 222-6985
<b>Mycobacteriology</b>		
Melissa Martin Laboratory	(401) 222-5587 (401) 222-5587	(401) 222-4572
<b>Public Health Microbiology</b>		
Theodore Pliakas, Supervisor Laboratory	(401) 222-5588 (401) 222-5588	(401) 222-4572
<b>Serology</b>		
Leonard LaFazia, Supervisor Laboratory	(401) 222-5595 (401) 222-5591	(401) 222-5592
<b>Special Pathogens</b>	(401) 222-5591	(401) 222-4572
Cynthia Vanner, Supervisor Laboratory	(401) 222-5599 (401) 222-5585, 5586	
<b>Virology</b>		
Shashi Mehta, Ph.D. Supervisor Laboratory	(401) 222-5092 (401) 222-7479	

For laboratory requests made during non-office hours, contact the 24-hour on-call physician at (401) 272-5952.

# **SECTION III**

## **DISEASE AGENTS LISTED ALPHABETICALLY**

## ***ARBOVIRUS***

### **ORGANISM NAME**

Arbovirus

### **ASSOCIATED DISEASE**

Arboviral encephalitis

(Including Eastern Equine Encephalitis --EEE, West Nile Virus Infections, Jamestown Canyon Virus etc.)

### **REPORTABILITY REQUIREMENTS**

#### **HIGH PRIORITY**

The State Laboratory will accept specimens for arboviral testing only if pre-authorized by the Communicable Disease surveillance program. Limited diagnostic testing is available to those persons who meet case criteria for surveillance. Currently this includes all cases with a diagnosis of encephalitis and all cases of aseptic meningitis/viral meningitis in persons 18 years of age or younger. It is recommended that diagnostic CSF and serum specimens from these cases be split so that the HEALTH laboratory can conduct tests for arboviruses simultaneously with specimen being sent to commercial or hospital research laboratories for other viruses such as herpes or coxsackie. If arbovirus positive results are obtained on a RI resident from a laboratory (other than the State Lab) immediately report positive findings to the HEALTH Office of Communicable Diseases by telephone at (401) 222-2577. If results are determined outside of normal HEALTH business hours, call the HEALTH after-hours answering service at (401) 272-5952 and ask the operator for the HEALTH physician.

Please note that the State laboratory will not offer Arboviral tests to patients suspected of having WNV infection based on mild illness such as fever, headache and a history of mosquito bites. For outpatient testing, clinicians and laboratories are advised to use commercially available tests or any WNV tests which may become available at commercial laboratories.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

After contacting the HEALTH Office of Communicable Diseases for preauthorization, submit all suspect clinical specimens to HEALTH Laboratories. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

## **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Specimens must be split if tests other than for arboviruses are ordered. Testing should be considered urgent and delays in transport avoided. Call for pick-up if delays or difficulties in courier transport are anticipated. Call 222-2577--Disease Control or 222-5591--serology lab (8:30 to 4:30 PM) or 272-5952 (after hours MD who will activate the state lab if necessary), for assistance.

**1. Serologic panel for arboviruses including plaque reduction assays:**

At least 5ml of serum is needed. Refrigerate and transport to state lab on ice within 48 hours.

**2. CSF studies (PCR and IgM tests including plaque reduction assays):** Non-hemolyzed specimen required. Two (2mL) CSF specimen. Refrigerate and transport to the State lab on ice.

**LAB REQUISITION FORM:**

Use the standard, state lab submission form. Indicate "ARBOVIRUS TESTING" in box 7,8, or 9 on the lab submission form (see Appendix 1).

Timing of second specimen(s) or convalescent specimens will vary and will be case managed between Disease Control staff and the attending physician.

## **ADDITIONAL INFORMATION**

Laboratory test results will be communicated directly to attending physicians by Office of Communicable Diseases medical staff assigned to the case as soon as available.

For further information contact the [Virology Laboratory](#)

## ***BABESIA MICROTI***

### **ORGANISM NAME**

*Babesia microti*

### **ASSOCIATED DISEASE**

Babesiosis

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Thick or thin Giemsa stain, **OR**
- Hamster inoculation, **OR**
- Antibody to Babesia (IFA).

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physician's name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

Submit all positive specimens (stained slides only) to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

For stained slides, submit thin blood smears prepared in the same manner as differential smears for hematology testing stained with Wright/Giemsa stain. Stained thick smears may also be submitted in addition to thin smears, but *not instead* of thin smears. Complete a HEALTH Laboratories Specimen Requisition Form. Under the Microbiology Laboratory Tests request section, select the "Reference Micro. Primary" test and write in the name "Babesia". For the specimen source, select "blood". Package the slides in cardboard or plastic slide carriers and transport to the HEALTH Laboratories following standard regulated packaging and transportation requirements.

## **ADDITIONAL INFORMATION**

In addition to providing testing services to support disease prevention, control and surveillance activities, HEALTH Laboratories offer *only* confirmatory testing to hospital and commercial laboratories at no charge. For submitting specimens, follow the above instructions.

For further information contact the [Special Pathogens Laboratory](#)

## ***BACILLUS ANTHRACIS***

### **ORGANISM NAME**

*Bacillus anthracis*

### **ASSOCIATED DISEASE**

Anthrax (inhalation, cutaneous, gastrointestinal)

### **REPORTABILITY REQUIREMENTS**

**HIGH PRIORITY**- considered an agent of bioterrorism.

Immediately report to the HEALTH Office of Communicable Diseases by telephone at (401) 222-2577 and the HEALTH Bioterrorism Response Laboratory at (401) 222-5585, under the following conditions:

- Receipt of a specimen in the laboratory accompanied by a request for anthrax testing.
- Isolation of a *Bacillus* sp., and you are unable to rule out *B. anthracis* using the Laboratory Response Network (LRN) Level A protocols.
- Detection of large, encapsulated gram positive rods in a smear (blood, Cerebral Spinal Fluid, wound, or blood culture).

If any of these conditions are met outside of normal HEALTH business hours, call the HEALTH after-hours answering service at (401) 272-5952 and ask the operator for the HEALTH physician.

When reporting indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

After contacting the HEALTH Office of Communicable Diseases for preauthorization, submit all suspect clinical specimens and/or isolates to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Refer to the current version of the LRN Level A Protocol for *B. anthracis* for specimen selection and collection guidelines. This protocol is available in your laboratory's Bioterrorism Manual, and can also be accessed via the internet at <http://www.bt.cdc.gov/labissues/index.asp>.

For suspicious isolates, submit the original culture plate on the initial day of isolation. Seal the plates with Parafilm® or other appropriate barrier film. Package and transport the isolate in transport containers supplied by the HEALTH Bioterrorism Response Laboratory (marked with specific labeling), following standard regulated packaging and transport requirements.

For clinical specimens, follow the same instructions as those described for isolates, with the additional requirement of maintaining refrigerated temperature conditions by surrounding the internal shipping container with blue or wet ice.

### **ADDITIONAL INFORMATION**

HEALTH Bioterrorism Response Laboratory offers rapid testing for this organism (from primary specimens and isolates) in addition to standard testing.

For further information contact [HEALTH Bioterrorism Response Laboratory](#)



## ***BORDETELLA PERTUSSIS***

### **ORGANISM NAME**

*Bordetella pertussis*

### **ASSOCIATED DISEASE**

Pertussis, Whooping Cough

### **REPORTABILITY REQUIREMENTS**

#### **HIGH PRIORITY**

Immediately report any positive laboratory findings to the HEALTH Childhood Immunization Program by telephone at (401) 222-2312. If results are determined outside of normal HEALTH business hours, call the HEALTH after-hours answering service at (401) 272-5952 and ask the operator for the HEALTH physician.

Positive findings include:

- Positive Direct Fluorescent Antibody (DFA)
- Culture of clinical specimen [nasopharyngeal swab]
- PCR assay of clinical specimen [nasopharynx].

Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

Submit all positive cultures to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Submit a pure subculture of the organism on a screw cap slant or plated media of Bordet-Gengou or Regan-Lowe media. If using plated media, seal with parafilm or other barrier film. Complete a HEALTH Laboratories Specimen Requisition Form. Under the Microbiology Laboratory Tests request section, select the "Reference Micro Isolate" test and write in the name "Bordetella pertussis". For the specimen source, select "nasopharyngeal". Package and transport to the HEALTH Laboratories following standard regulated packaging and transportation requirements.

## **ADDITIONAL INFORMATION**

In addition to providing testing services to support disease prevention, control and surveillance activities, the HEALTH Laboratories offer diagnostic (screening and/or confirmatory) testing to physicians and health centers at no charge.

For further information contact [Special Pathogens Laboratory](#).

## ***BORRELIA BURGDORFERI***

### **ORGANISM NAME**

*Borrelia burgdorferi*

### **ASSOCIATED DISEASE**

Lyme Disease

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Culture of a clinical specimen [skin biopsy], **OR**
- IgM or IgG by EIA or IFA, in CSF or serum.

**NOTE:** All positive or equivocal IgM/IgG specimens should be tested with a Western Blot for confirmation.

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

There are no requirements for submitting specimens.

### **ADDITIONAL INFORMATION**

**HEALTH Laboratory does not provide any testing for this organism.**

## ***BRUCELLA SPECIES***

### **ORGANISM NAME**

*Brucella species*

### **ASSOCIATED DISEASE**

Brucellosis

### **REPORTABILITY REQUIREMENTS**

#### **HIGH PRIORITY- considered an agent of bioterrorism.**

Immediately report to the HEALTH Office of Communicable Diseases by telephone at (401) 222-2577 upon receipt of a specimen in the laboratory accompanied by a request for *Brucella species* testing. If this condition is met outside of normal HEALTH business hours, call the HEALTH after-hours answering service at (401) 272-5952 and ask the operator for the HEALTH physician. Positive finding include:

- Isolation of *Brucella* sp. from a clinical specimen **OR**
- Fourfold or greater rise in *Brucella* agglutination titer between acute-and convalescent-phase serum specimens obtained greater than or equal to 2 weeks apart and studied at the same laboratory, **OR**
- Demonstration by immunofluorescence of *Brucella* sp. in a clinical specimen.

Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

After contacting the HEALTH Office of Communicable Diseases for preauthorization, submit all suspect clinical specimens and/or isolates to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Refer to the current version of the LRN Level A Protocol for *Brucella species* for specimen selection and collection guidelines. This protocol is available in your laboratory's Bioterrorism Manual, and can also be accessed via the internet at <http://www.bt.cdc.gov/labissues/index.asp>.

For suspicious isolates, submit the original culture plate on the initial day of isolation. Seal the plates with Parafilm or other appropriate barrier film. Package and transport the isolate in

transport containers supplied by the HEALTH Bioterrorism Response Laboratory (marked with specific labeling), following standard regulated packaging and transport requirements.

For clinical specimens, follow the same instructions as those described for isolates, with the additional requirement of maintaining refrigerated temperature conditions by surrounding the internal shipping container with blue or wet ice.

For further information contact [HEALTH Bioterrorism Response Laboratory](#).

## ***BURKHOLDERIA MALLEI (Glanders)***

### **ORGANISM NAME**

*Burkholderia mallei*

### **ASSOCIATED DISEASE**

Glanders

### **REPORTABILITY REQUIREMENTS**

**HIGH PRIORITY- considered an agent of bioterrorism.**

Immediately report to the HEALTH Office of Communicable Diseases by telephone at (401) 222-2577 upon receipt of a specimen in the laboratory accompanied by a request for *Burkholderia mallei* testing. If this condition is met outside of normal HEALTH business hours, call the HEALTH after-hours answering service at (401) 272-5952 and ask the operator for the HEALTH physician. Positive finding include:

- Isolation of *Burkholderia mallei* sp. from a clinical specimen

Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

After contacting the HEALTH Office of Communicable Diseases for preauthorization, submit all suspect clinical specimens and/or isolates to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Refer to the current version of the LRN Level A Protocol for *Burkholderia mallei* for specimen selection and collection guidelines. This protocol is available in your laboratory's Bioterrorism Manual, and can also be accessed via the internet at <http://www.bt.cdc.gov/labissues/index.asp>.

For suspicious isolates, submit the original culture plate on the initial day of isolation. Seal the plates with Parafilm® or other appropriate barrier film. Package and transport the isolate in transport containers supplied by the HEALTH Bioterrorism Response Laboratory (marked with specific labeling), following standard regulated packaging and transport requirements.

For clinical specimens, follow the same instructions as those described for isolates, with the additional requirement of maintaining refrigerated temperature conditions by surrounding the internal shipping container with blue or wet ice.

For further information contact [HEALTH Bioterrorism Response Laboratory](#)

## ***CALYMMATOBACTERIUM GRANULOMATIS***

### **ORGANISM NAME**

*Calymmatobacterium granulomatis*

### **ASSOCIATED DISEASE**

Granuloma Inguinale

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Demonstration of intracytoplasmic Donovan bodies in Wright or Giemsa-stained smears or biopsies of granulation tissue.

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

There are no requirements to submit specimens to HEALTH



## ***CAMPYLOBACTER SPECIES***

### **ORGANISM NAME**

*Campylobacter species*

### **ASSOCIATED DISEASE**

Campylobacteriosis

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Culture from a clinical specimen [blood, stool]

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

Submit all positive cultures to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Subculture a pure isolated colony onto a screw cap slant of Campy Blood Agar, Campy Thio, or Chocolate Agar. Isolates on plated media are also acceptable if the plates are sealed with tape or parafilm. Use a Campy transport packet for packaging. Complete a HEALTH Laboratories Specimen Requisition Form. Under the Microbiology Laboratory Tests request section, select the "Enteric Pathogen Isolate" test, and write in the name "Campylobacter species" next to the test. Package and transport the isolate to the HEALTH Laboratories promptly to ensure viability following standard regulated packaging and transportation requirements.

### **ADDITIONAL INFORMATION**

In addition to providing testing services to support disease prevention, control and surveillance activities, the HEALTH Laboratories offers screening, and if necessary, confirmatory testing only to Neighborhood Health Centers, for a fee. See Section V of this manual (Clinical Testing

Services offered by RI HEALTH) under the Public Health Microbiology heading. HEALTH Laboratories offers *only* confirmatory testing to hospital and commercial laboratories at no charge. For submitting specimens, follow the above instructions.

For further information contact the [Public Health Microbiology Laboratory](#)

## ***CHLAMYDIA PSITTACI***

### **ORGANISM NAME**

*Chlamydia psittaci*

### **ASSOCIATED DISEASE**

Ornithosis (Psittacosis)

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Culture of a clinical specimen [respiratory secretions], **OR**
- Fourfold or greater increase in antibody against *C. psittaci* by complement fixation or microimmunofluorescence (MIF) to a reciprocal titer of greater than or equal to 32 between paired acute- and convalescent-phase serum specimens **OR**
- Presence of immunoglobulin M antibody against *C. psittaci* by MIF to a reciprocal titer of greater than or equal to 16.

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

There are no requirements for submitting specimens.

## ***CHLAMYDIA TRACHOMATIS***

### **ORGANISM NAME**

*Chlamydia trachomatis*

### **ASSOCIATED DISEASE**

Chlamydia (genital)  
Chlamydia (ophthalmic/pneumonia)

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- EIA, DNA probe, PCR/LCR, **OR**
- Cell culture of a clinical specimen [endocervical or intraurethral swab material, eye or nasopharyngeal swab or urine]
- Chlamydia specific IgM titer.

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

There are no requirements for submitting specimens to HEALTH.

### **ADDITIONAL INFORMATION**

HEALTH Laboratories offers screening testing on genital specimens only to Neighborhood Health Centers for a fee.

For further information contact the [Serology Laboratory](#)

## ***CLOSTRIDIUM BOTULINUM***

### **ORGANISM NAME**

*Clostridium botulinum*

### **ASSOCIATED DISEASE**

Botulism

### **REPORTABILITY REQUIREMENTS**

**HIGH PRIORITY- Considered an agent of bioterrorism.**

Immediately report to the HEALTH Office of Communicable Diseases by telephone at (401) 222-2577 upon receipt of a specimen in the laboratory accompanied by a request for *Clostridium botulinum* testing. If this condition is met outside of normal HEALTH business hours, call the HEALTH after-hours answering service at (401) 272-5952 and ask the operator for the HEALTH physician. Positive results include:

- Detection of botulinum toxin in serum, stool, or patient's food, **OR**
- Isolation of *Clostridium botulinum* from stool

Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

After contacting the HEALTH Office of Communicable Diseases for preauthorization, submit all suspect clinical specimens and/or isolates to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Refer to the current version of the LRN Level A Protocol for *Clostridium botulinum* for specimen selection and collection guidelines. This protocol is available in your laboratory's Bioterrorism Manual, and can also be accessed via the internet at <http://www.bt.cdc.gov/labissues/index.asp>.

For suspicious isolates, submit the original culture plate on the initial day of isolation. Seal the plates with Parafilm or other appropriate barrier film. Package and transport the isolate in transport containers supplied by the HEALTH Bioterrorism Response Laboratory (marked with specific labeling), following standard regulated packaging and transport requirements.

For clinical specimens, follow the same instructions as those described for isolates, with the additional requirement of maintaining refrigerated temperature conditions by surrounding the internal shipping container with blue or wet ice.

For further information contact the [Bioterrorism Response Laboratory](#)

## ***CLOSTRIDIUM TETANI***

### **ORGANISM NAME**

*Clostridium tetani*

### **ASSOCIATED DISEASE**

Tetanus

### **REPORTABILITY REQUIREMENTS**

Note that there is no clinical test per se for the diagnosis of tetanus. If *C.tetani* grows in any human tissue or fluid specimen report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- A clinically confirmed case

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physician's name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

There are no requirements for submitting specimens

## ***COCCIDIOIDOMYCOSIS (Coccidioides immitis)***

### **ORGANISM NAME**

*Coccidioides immitis*

### **ASSOCIATED DISEASE**

Coccidioidomycosis

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Cultural, histopathologic, or molecular evidence of presence of *Coccidioides immitis*, **OR**
- Positive serologic test for coccidioidal antibodies in serum or cerebrospinal fluid by:
  - Detection of coccidioidal immunoglobulin M (IgM) by immunodiffusion, enzyme immunoassay (EIA), latex agglutination, or tube precipitin, **OR**
  - Detection of rising titer of coccidioidal immunoglobulin G (IgG) by immunodiffusion, EIA, or complement fixation, **OR**
- Coccidioidal skin-test conversion from negative to positive after onset of clinical signs and symptoms.

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

There are no requirements for submitting specimens.



## ***CORYNEBACTERIUM DIPHTHERIA***

### **ORGANISM NAME**

*Corynebacterium diphtheria*

### **ASSOCIATED DISEASE**

Diphtheria

### **REPORTABILITY REQUIREMENTS**

#### **HIGH PRIORITY**

Immediately report to the HEALTH Childhood Immunization Program by telephone at (401) 222-2312 upon receipt of a specimen in the laboratory accompanied by a request for *Corynebacterium diphtheria* testing. If this condition is met outside of normal HEALTH business hours, call the HEALTH after-hours answering service at (401) 272-5952 and ask the operator for the HEALTH physician. Positive results include:

- Isolation of *Corynebacterium diphtheriae* from a clinical specimen, **OR**
- Histopathologic diagnosis of diphtheria

Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

After contacting the HEALTH Childhood Immunization Program, submit all positive specimens to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

For isolates, submit a pure subculture of the organism on appropriate media. If using plated media seal with Parafilm® or other barrier film. Complete a HEALTH Laboratories Specimen Requisition Form. Under the Microbiology Laboratory Tests request section, select the "Reference Micro Isolate" test and write in the name "Corynebacterium diphtheria". Package and transport to the HEALTH Laboratories following standard regulated packaging and transportation requirements.

### **ADDITIONAL INFORMATION**

HEALTH Laboratories provides testing on primary specimens only with prior arrangement. For further information contact [Special Pathogens Laboratory](#).

## ***COXIELLA BURNETII (Q FEVER)***

### **ORGANISM NAME**

*Coxiella burnetii*

### **ASSOCIATED DISEASE**

Q Fever

### **REPORTABILITY REQUIREMENTS**

**HIGH PRIORITY- considered an agent of bioterrorism.**

Immediately report to the HEALTH Office of Communicable Diseases by telephone at (401) 222-2577 and the HEALTH Bioterrorism Response Laboratory at (401) 222-5585, under the following conditions:

- Fourfold or greater change in antibody titer to *C. burnetii* phase II or phase I antigen in paired serum specimens ideally taken 3-6 weeks apart, **OR**
- Isolation of *C. Burnetii* from a clinical specimen by culture, **OR**
- Demonstration of *C. Burnetii* in a clinical specimen by detection of antigen or nucleic acid.

If any of these conditions are met outside of normal HEALTH business hours, call the HEALTH after-hours answering service at (401) 272-5952 and ask the operator for the HEALTH physician.

When reporting indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

After contacting the HEALTH Office of Communicable Diseases for preauthorization, submit all suspect clinical specimens and/or isolates to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Refer to the current version of the LRN Level A Protocol for B. anthracis for specimen selection and collection guidelines. This protocol is available in your laboratory's Bioterrorism Manual, and can also be accessed via the internet at <http://www.bt.cdc.gov/labissues/index.asp>.

For suspicious isolates, submit the original culture plate on the initial day of isolation. Seal the plates with Parafilm or other appropriate barrier film. Package and transport the isolate in transport containers supplied by the HEALTH Bioterrorism Response Laboratory (marked with specific labeling), following standard regulated packaging and transport requirements.

For clinical specimens, follow the same instructions as those described for isolates, with the additional requirement of maintaining refrigerated temperature conditions by surrounding the internal shipping container with blue or wet ice.

### **ADDITIONAL INFORMATION**

HEALTH Bioterrorism Response Laboratory offers rapid testing for this organism (from primary specimens and isolates) in addition to standard testing.

For further information contact [HEALTH Bioterrorism Response Laboratory](#).

## ***CREUTZFELDT-JACOB DISEASE***

### **ORGANISM NAME**

### **ASSOCIATED DISEASE**

Creutzfeldt- Jacob Disease

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- CSF electrophoresis, **AND/OR**
- Brain biopsy histopathology.

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

There are no requirements for submitting specimens to HEALTH.

## ***CRYPTOSPORIDIUM PARVUM***

### **ORGANISM NAME**

*Cryptosporidium parvum*

### **ASSOCIATED DISEASE**

Cryptosporidiosis

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Oocysts in stool, intestinal fluid or small-bowel biopsy specimens by microscopic examination, **OR**
- Antigen in stool by a specific immunodiagnostic methods, e.g., ELISA, **OR** by PCR techniques when routinely available, **OR**
- Demonstration of reproductive stages in tissue preparations.

When reporting to HEALTH, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

There are no requirements for submitting specimens to HEALTH Laboratory. Testing is available at the HEALTH Laboratory.

For further information contact [HEALTH Public Health Microbiology Laboratory](#).

## ***CYCLOSPORA CAYETANENSIS***

### **ORGANISM NAME**

*Cyclospora cayetanensis*

### **ASSOCIATED DISEASE**

Cyclosporiasis

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Oocysts in stool by microscopic examination, **OR**
- In intestinal fluid or small bowel biopsy specimens, **OR**
- Demonstration of sporulation, **OR**
- DNA (by polymerase chain reaction) in stool, duodenal/jejunal aspirates or small bowel biopsy specimens.

When reporting to HEALTH, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

There are no requirements for submitting specimens to HEALTH. Testing is available at the HEALTH Laboratory.

For further information contact [HEALTH Public Health Microbiology Laboratory](#)

## ***EHRLICHIA EQUI OR EHRLICHIA CHAFFEENSIS***

### **ORGANISM NAME**

*E. equi* or *E. chaffeensis*

### **ASSOCIATED DISEASE**

Ehrlichiosis

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- IFA antibody titer in paired sera, **OR**
- PCR on a clinical specimen, **OR**
- Morulae on Wright stain peripheral blood smear.

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

Submit all positive smears (slides) to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

For stained slides, submit thin blood smears prepared in the same manner as differential smears for hematology testing stained with Wright/Giemsa stain. Stained thick smears may also be submitted in addition to thin smears, but *not instead* of thin smears. Complete a HEALTH Laboratories Specimen Requisition Form. Under the Microbiology Laboratory Tests request section, select the "Reference Micro. Primary" test and write in the name "Ehrlichiosis". For the specimen source, select "blood". Package the slides in cardboard or plastic slide carriers and transport to the HEALTH Laboratories following standard regulated packaging and transportation requirements.

## **ADDITIONAL INFORMATION**

HEALTH can coordinate PCR and serological testing with approved laboratories, free of charge. Contact Disease Prevention and Control ((401) 222-2577) for details. When testing is arranged, use the following instructions for submitting specimens:

For serological testing, collect a red top tube for paired sera drawn at day one and two weeks later.

For PCR testing, draw 1 purple top tube with EDTA.

Package and transport to the determined laboratory, maintaining refrigerated conditions (ice packs), following standard regulated packaging and transportation requirements.

For further information contact [Special Pathogens Laboratory](#).



## ***ENCEPHALITIS (OTHER THAN ARBOVIRAL)***

### **ORGANISM NAME**

### **ASSOCIATED DISEASE**

Encephalitis

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- IgM by EIA, captured in CSF or serum, **OR**
- Fourfold or greater change in serum IgG titer, **OR**
- Virus isolation/PCR from a clinical specimen [blood, CSF or tissue].

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

After contacting the HEALTH Office of Communicable Diseases for preauthorization, submit all suspect clinical specimens to HEALTH Laboratories. Note these will be run for arbovirus only. Split specimens and send away for other testing.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Contact the HEALTH Laboratories [Special Pathogens Lab](#) for specific specimen collection, handling and transport details.

## ***ENTAMOEBA HISTOLYTICA***

### **ORGANISM NAME**

*Entamoeba histolytica*

### **ASSOCIATED DISEASE**

Amebiasis

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

#### *Intestinal amebiasis*

- Identification of trophozoites or cysts in stool, **OR**
- Demonstration of trophozoites in tissue biopsy, extraintestinal tissue or ulcer scraping, or histopathology

#### *Extraintestinal amebiasis*

- Demonstration of *E.histolytica* trophozoites in extraintestinal tissue

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

There are no requirements to submit specimens to HEALTH Laboratory

For further information contact the [Public Health Microbiology Laboratory](#)

## ***ENTEROCOCCUS SP.***

### **ORGANISM NAME**

*Enterococcus sp.*

### **ASSOCIATED DISEASE**

Vancomycin resistant enterococcus (VRE), invasive

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Culture of a clinical specimen from a normally sterile site.

When reporting, include a copy of the laboratory findings (including antibiotic sensitivities) submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

Submit all positive cultures to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Subculture a pure isolated colony onto a screw cap slant of media. Isolates on plated media are also acceptable if the plates are sealed with tape or parafilm. Complete a HEALTH Laboratories Specimen Requisition Form. Under the Microbiology Laboratory Tests request section, select the "Enteric Pathogen Isolate" test, and write in the name "Enterococcus species" next to the test. Package and transport the isolate to the HEALTH Laboratories promptly following standard regulated packaging and transportation requirements.

For further information contact the [Public Health Microbiology Laboratory](#).

## ***ESCHERICHIA COLI O157:H7 (and other toxin producing strains)***

### **ORGANISM NAME**

*Escherichia coli O157:H7*

### **ASSOCIATED DISEASE**

E. coli O157 gastroenteritis

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Isolation of a sorbitol negative organism on selective media such as MacKonkey Sorbitol, **AND**
- Serotyping of positive isolates, **AND**
- EHEC toxin demonstration.

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

Submit all positive cultures of confirmed isolates, or, if unable to conduct confirmatory testing, submit all sorbitol negative organisms grown on selective media such as MacKonkey-Sorbitol to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Subculture a pure isolated colony onto a screw cap slant of appropriate media. Isolates on plated media are also acceptable if the plates are sealed with tape or parafilm. Complete a HEALTH Laboratories Specimen Requisition Form. Under the Microbiology Laboratory Tests request section, select the "Enteric Pathogen Isolate" test, and write in the name "E. coli O157:H7" next to the test. Package and transport the isolate to the HEALTH Laboratories promptly following standard regulated packaging and transportation requirements.

For further information contact the [Public Health Microbiology Laboratory](#).

## ***FRANCISELLA TULARENSIS***

### **ORGANISM NAME**

*Francisella tularensis*

### **ASSOCIATED DISEASE**

Tularemia

### **REPORTABILITY REQUIREMENTS**

#### **HIGH PRIORITY- Considered an agent of bioterrorism.**

Immediately report to the HEALTH Office of Communicable Diseases by telephone at (401) 222-2577 upon receipt of a specimen in the laboratory accompanied by a request for Francisella tularensis testing. If this condition is met outside of normal HEALTH business hours, call the HEALTH after-hours answering service at (401) 272-5952 and ask the operator for the HEALTH physician. Positive results include:

#### *Presumptive*

- Elevated serum antibody titer(s) to *F. tularensis* antigen (without documented fourfold or greater change) in a patient with no history of tularemia vaccination **OR**,
- Detection of *F. tularensis* in a clinical specimen by fluorescent assay.

#### *Confirmatory*

- Isolation of *F. tularensis* in a clinical specimen **OR**,
- Fourfold or greater change in serum antibody titer to *F. tularensis* antigen.

Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

After contacting the HEALTH Office of Communicable Diseases for preauthorization, submit all suspect clinical specimens and/or isolates to HEALTH Laboratories.

## **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Refer to the current version of the LRN Level A Protocol for *Francisella tularensis* for specimen selection and collection guidelines. This protocol is available in your laboratory's Bioterrorism Manual, and can also be accessed via the internet at <http://www.bt.cdc.gov/labissues/index.asp>. For suspicious isolates, submit the original culture plate on the initial day of isolation. Seal the plates with Parafilm® or other appropriate barrier film. Package and transport the isolate in transport containers supplied by the HEALTH Bioterrorism Response Laboratory (marked with specific labeling), following standard regulated packaging and transport requirements.

For clinical specimens, follow the same instructions as those described for isolates, with the additional requirement of maintaining refrigerated temperature conditions by surrounding the internal shipping container with blue or wet ice.

For further information contact [Bioterrorism Response Laboratory](#).

## ***GIARDIA LAMBLIA***

### **ORGANISM NAME**

*Giardia lamblia*

### **ASSOCIATED DISEASE**

Giardiasis

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Demonstration of cysts or trophozoites in a stool specimen, **OR**
- EIA for antigen in a stool specimen.

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

There are no requirements for submitting specimens to HEALTH.

### **ADDITIONAL INFORMATION**

In addition to providing testing services to support disease prevention, control and surveillance activities, the HEALTH Laboratories offer screening, and if necessary, confirmatory testing only to Neighborhood Health Centers, for a fee. HEALTH Laboratories offer *only* confirmatory testing to hospital and commercial laboratories at no charge.

For further information contact the [Public Health Microbiology Laboratory](#)

## ***GROUP B ARBOVIRUS (DENGUE FEVER)***

### **ORGANISM NAME**

*Group B Arbovirus*

### **ASSOCIATED DISEASE**

Dengue Fever

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Virus isolation in serum or autopsy tissue, **OR**
- Demonstration of a fourfold or greater rise or fall in reciprocal immunoglobulin G (IgG) or immunoglobulin M (IgM) antibody titers to one or more dengue virus antigens in paired serum samples, **OR**
- Demonstration of dengue virus antigen in autopsy tissue or serum samples by immunohistochemistry or by viral nucleic acid detection

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

No requirement for submitting specimen to HEALTH Laboratory.

For further information contact [Special Pathogens Laboratory](#).



## ***HAEMOPHILUS DUCREYI***

### **ORGANISM NAME**

*Haemophilus ducreyi*

### **ASSOCIATED DISEASE**

Chancroid

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Isolation from a clinical specimen (painful ulcer or suppurative lymph node).

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

There are no requirements for submitting specimens to HEALTH.

## ***HAEMOPHILUS INFLUENZAE***

### **ORGANISM NAME**

Haemophilus influenzae [all serotypes]

### **ASSOCIATED DISEASE**

H. influenzae invasive disease

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Culture of a clinical specimen from a normally sterile site.

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

Submit all positive cultures to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Transfer and grow a pure subculture of the organism on appropriate media. If using plated media, seal with Parafilm® or other barrier film. Complete a HEALTH Laboratories Specimen Requisition Form. Under the Microbiology Laboratory Tests request section, select the "Reference Micro. Isolate" test and write in the name "Haemophilus influenzae". Package and transport to the HEALTH Laboratories following standard regulated packaging and transportation requirements.

For further information contact the HEALTH [Virology laboratory](#)

## ***HANTAVIRUS***

### **ORGANISM NAME**

*Hantavirus*

### **ASSOCIATED DISEASE**

Hantavirus Pulmonary Syndrome (HPS)

### **REPORTABILITY REQUIREMENTS**

#### **HIGH PRIORITY**

Immediately report positive findings to the HEALTH Office of Communicable Diseases by telephone at (401) 222-2577. If results are determined outside of normal HEALTH business hours, call the HEALTH after-hours answering service at (401) 272-5952 and ask the operator for the HEALTH physician. Positive findings include:

- Detection of hantavirus-specific immunoglobulin M or rising titers of hantavirus-specific immunoglobulin G, **OR**,
- Detection of hantavirus-specific ribonucleic acid sequence by polymerase chain reaction in clinical specimens, **OR**,
- Detection of hantavirus antigen by immunohistochemistry

Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

After contacting the HEALTH Office of Communicable Diseases for preauthorization, submit all suspect clinical specimens and/or isolates to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Contact the [HEALTH Laboratories Special Pathogens](#) laboratory unit for specimen selection and collection instructions, and special submission forms.

## ***HEPATITIS A VIRUS***

### **ORGANISM NAME**

*Hepatitis A virus*

### **ASSOCIATED DISEASE**

Hepatitis A

### **REPORTABILITY REQUIREMENTS**

#### **HIGH PRIORITY**

Immediately report positive findings to the HEALTH Office of Communicable Diseases by telephone at (401) 222-2577. If results are determined outside of normal HEALTH business hours, call the HEALTH after-hours answering service at (401) 272-5952 and ask the operator for the HEALTH physician.

Positive findings include:

- IgM antibody

Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

There are no requirements for submitting specimens to HEALTH.

## ***HEPATITIS B VIRUS***

### **ORGANISM NAME**

*Hepatitis B virus*

### **ASSOCIATED DISEASE**

Hepatitis B

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Hepatitis B surface antigen, **OR**
- IgM antibody to Hepatitis B core antigen.

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Include Liver Function Tests (SGOT, SGPT, and bilirubin) along with serology. Also, report HbsAg positive tests on pregnant women to the Division of Family Health at 222-2312. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

There are no requirements for submitting specimens to HEALTH.

## ***HEPATITIS C VIRUS***

### **ORGANISM NAME**

*Hepatitis C virus*

### **ASSOCIATED DISEASE**

Hepatitis C

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Antibody to hepatitis C virus (EIA), verified by a supplemental test (RIBA) and
- Hepatitis C PCR.

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Include Liver Function Tests (SGOT, SGPT, and bilirubin) along with serology. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

There are no requirements for submitting specimens to HEALTH.

## ***HISTOPLASMA CAPSULATUM***

### **ORGANISM NAME**

*Histoplasma capsulatum*

### **ASSOCIATED DISEASE**

Histoplasmosis

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Culture or visualization of fungus in Giemsa stain in a clinical specimen.

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

There are no requirements for submitting specimens to HEALTH

## ***HUMAN IMMUNODEFICIENCY VIRUS (HIV), 1 AND 2***

### **ORGANISM NAME**

*Human Immunodeficiency Virus (HIV), 1 and 2*

### **ASSOCIATED DISEASE**

HIV-1 or HIV-2 infection/AIDS (Acquired immunodeficiency syndrome)

### **REPORTABILITY REQUIREMENTS**

Report positive findings directly to a Senior Disease Control Representative at HEALTH's Office of HIV/AIDS by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908) Mail in a sealed envelop marked **CONFIDENTIAL TO BE OPENED BY ADDRESSEE ONLY** within four working days of obtaining a positive laboratory result. Positive findings include:

- HIV antibody by ELISA/Western blot, **OR**
- HIV culture, **AND**
- CD4 counts <200 or < 14% of total lymphocytes.
- Any positive HIV diagnostic test

When reporting, include the unique bar code number (patient/specimen identifier, the patient/client's date of birth, race, sex, risk factor and zip code; the physician's name; the date of the test; and the results.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

By statute, ALL blood samples or specimens taken for the purpose of performing laboratory analysis for the detection of antibody to human immunodeficiency virus (HIV), by or under the direction or order of any Rhode Island licensed physician, shall be sent to the Rhode Island Department of Health Laboratory for analysis. In practice all positive and equivocal specimens must be submitted. Specimens analyzed for the sole purpose of assuring the safety of the blood supply or for strictly research purposes may be tested for HIV antibody in other laboratories (Prior authorization for research variance required from the Director of the Department of Health, or Associate Director of Division of Disease Prevention and Control.).

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Collect at least 2 mls of serum. Complete a HEALTH Laboratories HIV Test Requisition Form. Under the Serology request section, select the "HIV" test. Package and promptly transport the specimen to the HEALTH Laboratories following standard regulated packaging and transportation requirements.

For further information contact HEALTH [Serology laboratory](#)



## ***LEGIONELLAE PNEUMOPHILA***

### **ORGANISM NAME**

*Legionellae pneumophila*

### **ASSOCIATED DISEASE**

Legionellosis

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Culture of a clinical specimen [respiratory secretions, lung tissue, pleural fluid or other normally sterile fluid], **OR**
- Fourfold rise in IFA titer to LP1, **OR**
- DFA to LP1 in a clinical specimen, **OR**
- Demonstration of LP1 antigens in urine.

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

When outbreaks are detected HEALTH will alert clinical providers and laboratories. It becomes critical to obtain cultures in addition to urine antigen tests in order to perform fingerprinting and epidemiologic linking of cases in an outbreak situation. Submit all positive isolates to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Subculture a pure isolated colony onto a screw cap slant of appropriate media. Isolates on plated media are also acceptable if the plates are sealed with tape or parafilm. Complete a HEALTH Laboratories Specimen Requisition Form. Under the Microbiology Laboratory Tests request section, select the "Reference Micro. Isolate" test, and write in the name "*Legionellae pneumophila*" next to the test. Package and transport the isolate to the HEALTH Laboratories promptly following standard regulated packaging and transportation requirements. For further information contact the [Special Pathogens Laboratory](#)

## ***LEPTOSPIRA SPECIES***

### **ORGANISM NAME**

*Leptospira species*

### **ASSOCIATED DISEASE**

Leptospirosis

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Culture from a clinical specimen [blood, or CSF], **OR**
- IFA in a clinical specimen, **OR**
- Rise in *Leptospira* agglutination titer in paired sera.

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

This is a rare condition. Submitting isolates and specimens to HEALTH is recommended.

## ***LISTERIA MONOCYTOGENES***

### **ORGANISM NAME**

*Listeria monocytogenes*

### **ASSOCIATED DISEASE**

Listeriosis

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Culture of a clinical specimen [blood, CSF, amniotic fluid, placenta, meconium, lochia, or gastric washings] from a normally sterile site.

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

Submit all positive cultures to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Subculture a pure isolated colony onto a screw cap slant of media. Isolates on plated media are also acceptable if the plates are sealed with tape or Parafilm®. Complete a HEALTH Laboratories Specimen Requisition Form. Under the Microbiology Laboratory Tests request section, select the "Enteric Pathogen Isolate" test, and write in the name "*Listeria monocytogenes*" next to the test. Package and transport the isolate to the HEALTH Laboratories promptly following standard regulated packaging and transportation requirements.

For further information contact [HEALTH Public Health Microbiology](#).

## ***LYMPHOGRANULOMA VENEREUM INFECTION (Chlamydia trachomatis) (LGV)***

### **ORGANISM NAME**

*Chlamydia trachomatis*

### **ASSOCIATED DISEASE**

Lymphogranuloma Venereum Infection (LGV)

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Isolation of *C. trachomatis*, serotype L<sub>1</sub>, L<sub>2</sub>, L<sub>3</sub>, from clinical specimen, **OR**
- Demonstration of inclusion bodies by immunofluorescence in leukocytes of an inguinal lymph node (bubo) aspirate, **OR**
- Positive microimmunofluorescent serologic test for a lymphogranuloma venereum strain of *C. trachomatis* (in a clinically compatible case)

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

There are no requirements for submitting specimens to HEALTH.

## ***MORBILLIVIRUS***

### **ORGANISM NAME**

*Morbillivirus*

### **ASSOCIATED DISEASE**

Measles (Rubeola)

### **REPORTABILITY REQUIREMENTS**

#### **HIGH PRIORITY**

Immediately report to the HEALTH Childhood Immunization Program by telephone at (401) 222-2312 upon receipt of a specimen in the laboratory accompanied by a request for *Morbillivirus* testing. If this condition is met outside of normal HEALTH business hours, call the HEALTH after-hours answering service at (401) 272-5952 and ask the operator for the HEALTH physician. Positive findings include:

- Serum IgM antibodies, **OR**
- Significant rise in IgG antibody level by any standard serologic assay, **OR**
- Culture for measles virus from a clinical specimen [blood, conjunctiva, nasopharynx, or urine].

Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

There are no requirements for submitting specimens to HEALTH.

For further information contact [HEALTH Serology Laboratory](#)

## ***MUMPS VIRUS***

### **ORGANISM NAME**

*Mumps Virus*

### **ASSOCIATED DISEASE**

Mumps

### **REPORTABILITY REQUIREMENTS**

#### **HIGH PRIORITY**

Immediately report to the HEALTH Childhood Immunization Program by telephone at (401) 222-2312 upon receipt of a specimen in the laboratory accompanied by a request for *Morbillivirus* testing. If this condition is met outside of normal HEALTH business hours, call the HEALTH after-hours answering service at (401) 272-5952 and ask the operator for the HEALTH physician. Positive findings include:

- Viral culture from a clinical specimen [saliva, spinal fluid, or urine], **OR**
- IgG titer on paired sera, **OR**
- IgM antibody test.

Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

For acute cases only, and after pre-arrangement, submit sera only to HEALTH Laboratories.

For more information contact HEALTH [Serology laboratory](#)

## ***MYCOBACTERIUM LEPRAE (LEPROSY)***

### **ORGANISM NAME**

*Mycobacterium leprae*

### **ASSOCIATED DISEASE**

Hansen's disease (leprosy)

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Demonstration of acid-fast bacilli obtained from a full-thickness skin biopsy.

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

There are no requirements for submitting specimens to HEALTH

## ***MYCOBACTERIUM TUBERCULOSIS***

### **ORGANISM NAME**

*Mycobacterium tuberculosis*

### **ASSOCIATED DISEASE**

Tuberculosis (TB)

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Note that once an AFB smear is reported positive, all subsequent AFB smear submissions with results on that individual (including negatives) must be reported to HEALTH. Obtain and complete a *Tuberculosis Reporting Form* and send to TB program. Positive findings include:

- Isolation of *M. tuberculosis* from a clinical specimen, **OR**
- AFB smear and culture of a clinical specimen (confirm identity using DNA probes), **OR**
- *M. tuberculosis* in a clinical specimen by FDA approved nucleic acid amplification tests (NAA)

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

By statute, all biological specimens taken from Rhode Island residents for performing laboratory cultures for tuberculosis must be sent to the HEALTH Laboratory for analysis. Samples may be split with one portion to be sent to HEALTH Laboratory and the other portion sent to another appropriately credentialed laboratory. A waiver from this clause may be obtained by special application.

For *waived* laboratories **ONLY**, submit all positive cultures to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

#### **AFB-SMEAR/CULTURE**

**Specimen:**



Body Fluids:

- A. Blood /Bone Marrow– 10 ml. Isolator; SPS (yellow top) or Heparin (green top). **EDTA (purple top) or coagulated blood is unacceptable.**
- B. Bronchial Wash, Bronchial Lavage, Trans-Tracheal aspirates—5 ml. minimum. Collect sputum 1 to 2 days following bronchoscopy to enhance detection.
- C. Cerebrospinal Fluid (CSF), Synovial Fluid, Pleural Fluid, Peritoneal Fluid, Pericardial Fluid—2 ml.minimum
- D. Feces—5 ml.
- E. Gastric: **Collect in RIHL container marked “For Gastric Specimen (AFB) Only.”** Gastric specimens not collected in RIHL kits will not be accepted without prior arrangement—5-10 ml. Must be delivered within 24 hours in RIHL Gastric Only Collection kit.
- F. Other fluids – Abscess contents, Aspirated Fluid, Skin lesion, Wound, Ascetic pus—5 ml. Minimum
- G. Sputum—5 ml. Minimum
- H. Urine – 20-50 ml. first AM midstream void. **Twenty-four-hour pooled specimens are unacceptable.**

Tissue:

- A. Tissue/Biopsy, Lymph node, Skin, Other biopsy material—submit in sterile saline to cover tissue. **Specimens submitted in formalin are unacceptable.**

**Instructions:** Refrigerate at 2 to 8° C. until transport. Complete a HEALTH Laboratories Specimen Requisition Form. Under the Microbiology Laboratory Tests request section, select the “AFB Smear/Culture” test. Package and transport the specimen at ambient (room temperature) to the HEALTH Laboratories to ensure delivery within 4 days, following standard regulated packaging and transportation requirements.

Refer to [Mycobacteriology Service Guide](#) for more instructions.

**AFB ISOLATE**

Subculture a pure isolate onto a Lowenstein Jensen slant, Middlebrook 7H(10/11) slant / plate or liquid media. Incubate pure isolates at 35°C (+/-2°C) until transport. Seal plates and tubes with tape or parafilm. Complete a HEALTH Laboratories Specimen Requisition Form. Under the Microbiology Laboratory Tests request section, select the “AFB Isolate” test. Package and transport the isolate to the HEALTH Laboratories within 24 hrs following isolation following standard regulated packaging and transportation requirements.

For more information contact [HEALTH Mycobacteria Laboratory](#)

## ***NEISSERIA GONORRHOEAE***

### **ORGANISM NAME**

*Neisseria gonorrhoeae*

### **ASSOCIATED DISEASE**

Gonococcal infections

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Isolation of typical gram-negative, oxidase-positive diplococci (presumptive *Neisseria gonorrhoeae*) from a clinical specimen, **OR**
- Demonstration of *N. gonorrhoeae* in a clinical specimen by detection of antigen or nucleic acid, **OR**
- Observation of gram-negative intracellular diplococci in a urethral smear obtained from a male.

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

There are no requirements for submitting specimens to HEALTH

## ***NEISSERIA MENINGITIDIS***

### **ORGANISM NAME**

*Neisseria meningitidis*

### **ASSOCIATED DISEASE**

Meningococcal disease (invasive)

### **REPORTABILITY REQUIREMENTS**

#### **HIGH PRIORITY**

Immediately report positive findings to the HEALTH Office of Communicable Diseases by telephone at (401) 222-2577. If results are determined outside of normal HEALTH business hours, call the HEALTH after-hours answering service at (401) 272-5952 and ask the operator for the HEALTH physician. Positive findings include:

- Gram stain and culture from a normally sterile site, **OR**
- CSF antigen (mandatory, if clinician diagnosis is meningococcal disease).

Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

Submit all positive specimens (culture only) to HEALTH Laboratory.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Subculture a pure isolated colony onto a screw cap slant of appropriate media. Isolates on plated media are also acceptable if the plates are sealed with tape or parafilm. Complete a HEALTH Laboratories Specimen Requisition Form. Under the Microbiology Laboratory Tests request section, select the "Reference Micro. Isolate" test, and write in the name "*Neisseria meningitidis*" next to the test. Package and transport the isolate to the HEALTH Laboratories promptly following standard regulated packaging and transportation requirements.

For CSF (see additional information below), collect at least 1.5 mls of spinal fluid. Complete a HEALTH Laboratories Specimen Requisition Form. Under the Microbiology Laboratory Tests request section, select the "Reference Micro. Primary" test, and write in the name "*Neisseria meningitidis*" next to the test. Package and transport the isolate to the HEALTH Laboratories promptly following standard regulated packaging and transportation requirements.

## **ADDITIONAL INFORMATION**

Antigen testing on CSF is provided only after approval from HEALTH's Office of Communicable Diseases. See above collection, handling and transport instructions.

For more information contact [HEALTH Special Pathogens Laboratory](#)

## ***PLASMODIUM SPECIES***

### **ORGANISM NAME**

*Plasmodium species*

### **ASSOCIATED DISEASE**

Malaria

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Demonstration of malaria parasites in blood films

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

All laboratories must send slides to the HEALTH laboratory for confirmation

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

For stained slides, submit thin blood smears prepared in the same manner as differential smears for hematology testing stained with Wright/Giemsa stain. Stained thick smears may also be submitted in addition to thin smears, but *not instead* of thin smears. Complete a HEALTH Laboratories Specimen Requisition Form. Under the Microbiology Laboratory Tests request section, select the "Reference Micro. Primary" test and write in the name "Plasmodium". For the specimen source, select "blood". Package the slides in cardboard or plastic slide carriers and transport to the HEALTH Laboratories following standard regulated packaging and transportation requirements.

### **ADDITIONAL INFORMATION**

In addition to providing testing services to support disease prevention, control and surveillance activities, HEALTH Laboratories offer *only* confirmatory testing to hospital and commercial laboratories at no charge. For submitting specimens, follow the above instructions.

For further information contact [HEALTH Special Pathogens Laboratory](#)

## ***POLIOVIRUS 1,2 3***

### **ORGANISM NAME**

*Polio virus* (wild or vaccine-strain)

### **ASSOCIATED DISEASE**

Poliomyelitis

### **REPORTABILITY REQUIREMENTS**

#### **HIGH PRIORITY**

Immediately report to the HEALTH Childhood Immunization Program by telephone at (401) 222-2312 upon receipt of a specimen in the laboratory accompanied by a request for *Poliovirus* testing. If this condition is met outside of normal HEALTH business hours, call the HEALTH after-hours answering service at (401) 272-5952 and ask the operator for the HEALTH physician.

Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

There are no requirements for submitting specimens to the HEALTH Laboratories.

For further information contact [HEALTH Special Pathogens Laboratory](#)

## ***RABIES VIRUS***

### **ORGANISM NAME**

*Rabies virus*

### **ASSOCIATED DISEASE**

Rabies

### **REPORTABILITY REQUIREMENTS**

#### **HIGH PRIORITY**

Immediately report to the HEALTH Office of Communicable Diseases by telephone at (401) 222-2577 upon receipt of a specimen in the laboratory accompanied by a request for *Rabies* testing. If this condition is met outside of normal HEALTH business hours, call the HEALTH after-hours answering service at (401) 272-5952 and ask the operator for the HEALTH physician.

Positive findings include:

- Viral culture from a clinical specimen [brain, saliva, or CSF], **OR**
- Fluorescent microscopy of nuchal skin biopsy, **OR**
- CSF or serum antibody in an unvaccinated person

Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

After contacting the HEALTH Office of Communicable Diseases for preauthorization, submit all suspect clinical specimens to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Contact the [HEALTH Laboratories' Virology](#) unit for instructions on specimen collection and handling.

## ***RICKETTSIA RICKETTSII***

### **ORGANISM NAME**

*Rickettsia rickettsii*

### **ASSOCIATED DISEASE**

Rocky Mountain Spotted Fever

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Fourfold or greater rise in antibody titer to *Rickettsia rickettsii* antigen by immunofluorescence antibody (IFA), complement fixation (CF), latex agglutination (LA), microagglutination (MA), or indirect hemagglutination antibody (IHA) test in acute- and convalescent –phase specimens ideally taken greater than or equal to 3 weeks apart, **OR**
- Positive polymerase chain reaction assay to *R. rickettsii*, **OR**
- Demonstration of positive immunofluorescence of skin lesion (biopsy), or organ tissue (autopsy), **OR**
- Isolation of *R. rickettsii* from clinical specimen.

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

There are no requirements to submit specimens to HEALTH Laboratories

### **ADDITIONAL INFORMATION**

Contact the HEALTH Office of Communicable Diseases to arrange confirmatory testing, if needed.



## ***RUBELLA VIRUS***

### **ORGANISM NAME**

*Rubella virus*

### **ASSOCIATED DISEASE**

Rubella

### **REPORTABILITY REQUIREMENTS**

#### **HIGH PRIORITY**

Immediately report to the HEALTH Childhood Immunization Program by telephone at (401) 222-2312 upon receipt of a specimen in the laboratory accompanied by a request for *Rubella* testing. If this condition is met outside of normal HEALTH business hours, call the HEALTH after-hours answering service at (401) 272-5952 and ask the operator for the HEALTH physician. Positive findings include:

- Serum IgM antibodies, **OR**
- Significant rise in IgG antibody level by any standard serologic assay, **OR**
- Culture for rubella virus from a clinical specimen [blood, conjunctiva, nasopharynx or urine].

Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

After contacting the Immunization Program at 222-2312 (after hours at 272-5952). for preauthorization, submit all positive or suspected positive specimens (serum only) to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Collect at least 2 mls of serum. Complete a HEALTH Laboratories Clinical Specimen Submission Form. Under the Serology Laboratory Tests section, select the "Rubella IgG" test. Package and transport the specimen to the HEALTH Laboratories promptly following standard regulated packaging and transportation requirements.

For further information contact [HEALTH Serology Laboratory](#)

## ***SALMONELLA SPECIES***

### **ORGANISM NAME**

*Salmonella species*

### **ASSOCIATED DISEASE**

Salmonellosis gastroenteritis

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Culture of a clinical specimen [stool].

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

Submit all positive cultures to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Subculture a pure isolated colony onto a screw cap slant of appropriate media. Isolates on plated media are also acceptable if the plates are sealed with tape or parafilm. Complete a HEALTH Laboratories Specimen Requisition Form. Under the Microbiology Laboratory Tests request section, select the "Enteric Pathogen Isolate" test, and write in the name "Salmonella" next to the test. Package and transport the isolate to the HEALTH Laboratories promptly following standard regulated packaging and transportation requirements.

For further information contact [PH Microbiology Laboratory](#)

## ***SALMONELLA TYPHI***

### **ORGANISM NAME**

*Salmonella typhi*, Group D

### **ASSOCIATED DISEASE**

Typhoid fever

### **REPORTABILITY REQUIREMENTS**

#### **HIGH PRIORITY**

Immediately report positive findings to the HEALTH Office of Communicable Diseases by telephone at (401) 222-2577. If results are determined outside of normal HEALTH business hours, call the HEALTH after-hours answering service at (401) 272-5952 and ask the operator for the HEALTH physician.

Positive findings include:

- Culture of a clinical specimen [stool, blood or other sterile site].

Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

Submit all positive cultures to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Subculture a pure isolated colony onto a screw cap slant of appropriate media. Isolates on plated media are also acceptable if the plates are sealed with tape or parafilm. Complete a HEALTH Laboratories Specimen Requisition Form. Under the Microbiology Laboratory Tests request section, select the "Enteric Pathogen Isolate" test, and write in the name "Salmonella typhi" next to the test. Package and transport the isolate to the HEALTH Laboratories promptly following standard regulated packaging and transportation requirements.

For further information contact [PH Microbiology Laboratory](#)

## ***SHIGELLA SPECIES***

### **ORGANISM NAME**

*Shigella species*

### **ASSOCIATED DISEASE**

Shigellosis gastroenteritis

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Culture of a clinical specimen [stool].

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

Submit all positive cultures to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Subculture a pure isolated colony onto a screw cap slant of appropriate media. Isolates on plated media are also acceptable if the plates are sealed with tape or parafilm. Complete a HEALTH Laboratories Specimen Requisition Form. Under the Microbiology Laboratory Tests request section, select the "Enteric Pathogen Isolate" test, and write in the name "Shigella" next to the test. Package and transport the isolate to the HEALTH Laboratories promptly following standard regulated packaging and transportation requirements.

For further information contact [PH Microbiology Laboratory](#)

## ***STAPHYLOCOCCAL ENTEROTOXIN B POISONING***

### **ORGANISM NAME**

### **ASSOCIATED DISEASE**

### **REPORTABILITY REQUIREMENTS**

#### **HIGH PRIORITY- considered an agent of bioterrorism.**

Immediately report to the HEALTH Office of Communicable Diseases by telephone at (401) 222-2577 upon detection of *enterotoxin B poisoning* or receipt of a specimen in the laboratory accompanied by a request for *Staphylococcal enterotoxin B poisoning*. If this condition is met outside of normal HEALTH business hours, call the HEALTH after-hours answering service at (401) 272-5952 and ask the operator for the HEALTH physician.

Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

After contacting the HEALTH Office of Communicable Diseases for preauthorization, submit all suspect clinical specimens and/or isolates to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

For suspicious isolates, submit the original culture plate on the initial day of isolation. Seal the plates with Parafilm® or other appropriate barrier film. Package and transport the isolate in transport containers supplied by HEALTH Bioterrorism Response Laboratory (marked with specific labeling), following standard regulated packaging and transport requirements.

For clinical specimens, follow the same instructions as those described for isolates, with the additional requirement of maintaining refrigerated temperature conditions by surrounding the internal shipping container with blue or wet ice.

For further information contact [HEALTH Bioterrorism Response Laboratory](#).

## ***STREPTOCOCCUS AGALACTIAE, GROUP B***

### **ORGANISM NAME**

*Streptococcus agalactiae, Group B*

### **ASSOCIATED DISEASE**

Group B Streptococcal disease, invasive

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Culture of a clinical specimen from a normally sterile site.

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

There are no requirements for submitting specimens to HEALTH

For further information contact [HEALTH Special Pathogens Laboratory](#)

## ***STREPTOCOCCUS PNEUMONIAE***

### **ORGANISM NAME**

*Streptococcus pneumoniae*

### **ASSOCIATED DISEASE**

Pneumococcal disease, invasive

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Also report zone size by oxacillin disk testing in mm or MIC to penicillin, cefotaxime/ceftriaxone, chloramphenicol, and vancomycin. If MIC for additional antibiotics is performed, report results in the same manner. Positive findings include:

- Culture of a clinical specimen [blood, CSF, or joint, pleural or pericardial fluid] from a normally sterile site.

**NOTE:** Screen isolate using oxacillin disk. If zone < 20mm, perform at the very least, MIC for cefotaxime/ceftriaxone, chloramphenicol, penicillin, and vancomycin.

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

Submit positive culture to HEALTH Laboratories for sensitivity testing **only** if you are unable to perform oxacillin disk testing and MIC. Also, submit all penicillin resistant strain cultures and all positive cultures on children aged < 5 years to HEALTH Laboratories

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Subculture a pure isolated colony onto a screw cap slant of appropriate media. Isolates on plated media are also acceptable if the plates are sealed with tape or parafilm. Complete a HEALTH Laboratories Specimen Requisition Form. Under the Microbiology Laboratory Tests request section, select the "Reference Micro. Isolate" test, and write in the name "*Streptococcus pneumoniae*" next to the test. Package and transport the isolate to the HEALTH Laboratories promptly following standard regulated packaging and transportation requirements.

For further information contact [HEALTH Special Pathogens Laboratory](#)



## ***STREPTOCOCCUS PYOGENES, GROUP A***

### **ORGANISM NAME**

Streptococcus pyogenes, Group A

### **ASSOCIATED DISEASE**

Group A Streptococcal disease, invasive

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Isolation of group A *Streptococcus* (*Streptococcus pyogenes*) by culture from a normally sterile site (e.g., blood or cerebrospinal fluid, or, less commonly, joint, pleural, or pericardial fluid)

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

There are no requirements for submitting specimens to HEALTH

## ***TREPONEMA PALLIDUM***

### **ORGANISM NAME**

*Treponema pallidum*

### **ASSOCIATED DISEASE**

Syphilis [primary, secondary, early latent, late latent]

### **REPORTABILITY REQUIREMENTS**

#### **HIGH PRIORITY**

Immediately report positive findings to the HEALTH Office of Communicable Diseases by telephone at (401) 222-2577. Positive findings include:

- Demonstration of *T. pallidum* in clinical specimens by darkfield microscopy, direct fluorescent antibody (DFA-TP), or equivalent methods, **OR**
- Reactive nontreponemal test (VDRL or RPR) and a confirmatory reactive treponemal test (FTA-ABS or MHA-TP).

Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

Submit all positive specimens (serum and spinal fluid) only if you are unable to perform confirmation testing to HEALTH Laboratories .

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Collect at least 2 mls of serum. Complete a HEALTH Laboratories Clinical Specimen Submission Form. Under the Serology Laboratory Tests section, select the "Syphilis Serology-FTA-ABS" test. For spinal fluids select the "VDRL-Spinal" test. Package and transport the specimen to the HEALTH Laboratories promptly following standard regulated packaging and transportation requirements.

For further information contact [HEALTH Serology Laboratory](#)

## ***TRICHINELLA***

### **ORGANISM NAME**

*Trichinella*

### **ASSOCIATED DISEASE**

Trichinosis (Trichinellosis)

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Demonstration of *Trichinella* larvae in tissue obtained by muscle biopsy, **OR**
- Positive serologic test for *Trichinella*

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

There are no requirements for submitting specimens to HEALTH

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Consult with State Laboratory for diagnostic testing

For further information contact [PH Microbiology Laboratory](#)

## ***VARICELLA***

### **ORGANISM NAME**

*Varicella virus*

### **ASSOCIATED DISEASE**

Chickenpox

### **REPORTABILITY REQUIREMENTS**

Report death resulting from complications of varicella to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of death due to complications of varicella. Positive criteria for diagnosis of chickenpox:

- Isolation of varicella virus from a clinical specimen, **OR**
- Direct fluorescent antibody (DFA), **OR**
- Polymerase chain reaction (PCR), **OR**
- Significant rise in serum varicella immunoglobulin G (IgG) antibody level by any standard serologic assay.

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

It is recommended that post mortem or pre mortem specimens be submitted to HEALTH for confirmation of cause of death from varicella.

For further information contact [HEALTH Molecular Biology Laboratory](#)

## ***VARIOLA VIRUS (SMALLPOX)***

### **ORGANISM NAME**

*Variola virus*

### **ASSOCIATED DISEASE**

Smallpox

### **REPORTABILITY REQUIREMENTS**

**HIGH PRIORITY- considered an agent of bioterrorism.**

Immediately report to the HEALTH Office of Communicable Diseases by telephone at (401) 222-2577 and the HEALTH Bioterrorism Response Laboratory at (401) 222-5585, under the following conditions:

- Receipt of a specimen in the laboratory accompanied by a request for Variola testing.

If any of these conditions are met outside of normal HEALTH business hours, call the HEALTH after-hours answering service at (401) 272-5952 and ask the operator for the HEALTH physician.

When reporting indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

After contacting the HEALTH Office of Communicable Diseases for preauthorization, submit all suspect clinical specimens and/or isolates to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Refer to the current version of the LRN Level A Protocol for *Variola virus* for specimen selection and collection guidelines. This protocol is available in your laboratory's Bioterrorism Manual, and can also be accessed via the internet at <http://www.bt.cdc.gov/labissues/index.asp>.

For suspicious isolates, submit the original culture plate on the initial day of isolation. Seal the plates with Parafilm or other appropriate barrier film. Package and transport the isolate in transport containers supplied by the HEALTH Bioterrorism Response Laboratory (marked with specific labeling), following standard regulated packaging and transport requirements.

For clinical specimens, follow the same instructions as those described for isolates, with the additional requirement of maintaining refrigerated temperature conditions by surrounding the internal shipping container with blue or wet ice.

### **ADDITIONAL INFORMATION**

HEALTH Bioterrorism Response Laboratory offers rapid testing for this organism (from primary specimens and isolates) in addition to standard testing.

For further information contact [HEALTH Bioterrorism Response Laboratory](#).

## ***VIBRIO CHOLERA* 01 OR 0139**

### **ORGANISM NAME**

*Vibrio cholerae* 01 or 0139

### **ASSOCIATED DISEASE**

Cholera

### **REPORTABILITY REQUIREMENTS**

#### **HIGH PRIORITY**

Immediately report positive findings to the HEALTH Office of Communicable Diseases by telephone at (401) 222-2577. If results are determined outside of normal HEALTH business hours, call the HEALTH after-hours answering service at (401) 272-5952 and ask the operator for the HEALTH physician. Positive findings include:

- Isolation of toxigenic (i.e., cholera toxin-producing) *Virbrio cholerae* O1 or O139 from stool or vomitus, **OR**
- Serologic evidence of recent infection

Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

Submit all positive specimens (culture only) to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Subculture a pure isolated colony onto a screw cap slant of appropriate media. Isolates on plated media are also acceptable if the plates are sealed with tape or parafilm. Complete a HEALTH Laboratories Specimen Requisition Form. Under the Microbiology Laboratory Tests request section, select the "Enteric Pathogen Isolate" test, and write in the name "Vibrio cholera" next to the test. Package and transport the isolate to the HEALTH Laboratories promptly following standard regulated packaging and transportation requirements.

For further information contact [PH Microbiology Laboratory](#)

## ***Vibrio vulnificus (V. parahaemolyticus)***

### **ORGANISM NAME**

*Vibrio vulnificus, Vibrio parahaemolyticus*

### **ASSOCIATED DISEASE**

Vibriosis

### **REPORTABILITY REQUIREMENTS**

#### **HIGH PRIORITY**

Immediately report positive findings to the HEALTH Office of Communicable Diseases by telephone at (401) 222-2577. If results are determined outside of normal HEALTH business hours, call the HEALTH after-hours answering service at (401) 272-5952 and ask the operator for the HEALTH physician. Positive findings include:

- Isolation of *Vibrio vulnificus, Vibrio parahaemolyticus* from a clinical specimen (i.e. stool, blood, wound or other)

Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

Submit all positive specimens (culture only) to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Subculture a pure isolated colony onto a screw cap slant of appropriate media. Isolates on plated media are also acceptable if the plates are sealed with tape or parafilm. Complete a HEALTH Laboratories Specimen Requisition Form. Under the Microbiology Laboratory Tests request section, select the "Enteric Pathogen Isolate" test, and write in the name "Vibrio vulnificus, parahemolyticus" next to the test. Package and transport the isolate to the HEALTH Laboratories promptly following standard regulated packaging and transportation requirements.

For further information contact [PH Microbiology Laboratory](#)



## ***VIRAL HEMORRHAGIC FEVERS (EBOLA, LASSA, MARBURG, ETC)***

### **ORGANISM NAME**

Ebola, Lassa, Marburg, etc.

### **ASSOCIATED DISEASE**

Viral hemorrhagic fevers

### **REPORTABILITY REQUIREMENTS**

**HIGH PRIORITY- considered an agent of bioterrorism.**

Immediately report to the HEALTH Office of Communicable Diseases by telephone at (401) 222-2577 upon receipt of a specimen in the laboratory accompanied by a request for *one of the agents above*. If this condition is met outside of normal HEALTH business hours, call the HEALTH after-hours answering service at (401) 272-5952 and ask the operator for the HEALTH physician.

When reporting indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

After contacting the HEALTH Office of Communicable Diseases for preauthorization, submit all suspect clinical specimens and/or isolates to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Consult with State Laboratory for guidance on specimen collection and testing; do not collect specimen prior to consultation.

For further information contact [HEALTH Bioterrorism Response Laboratory](#).

## ***VRSE/VISA***

### **ORGANISM NAME**

Vancomycin resistant staphylococcus aureus (VRSA)/Vancomycin intermediate staphylococcus aureus (VISA)

### **ASSOCIATED DISEASE**

### **REPORTABILITY REQUIREMENTS**

#### **HIGH PRIORITY**

Immediately report positive findings to the HEALTH Office of Communicable Diseases by telephone at (401) 222-2577. If results are determined outside of normal HEALTH business hours, call the HEALTH after-hours answering service at (401) 272-5952 and ask the operator for the HEALTH physician.

Positive findings include:

- Culture of a clinical specimen from any site, invasive or non-invasive.

Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

Submit all positive cultures to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Subculture a pure isolated colony onto a screw cap slant of appropriate media. Isolates on plated media are also acceptable if the plates are sealed with tape or parafilm. Complete a HEALTH Laboratories Specimen Requisition Form. Under the Microbiology Laboratory Tests request section, select the "Reference Micro. Isolate" test, and write in the name "Vancomycin resistant staphylococcus aureus (VRSA) or Vancomycin intermediate staphylococcus aureus (VISA)" next to the test. Package and transport the isolate to the HEALTH Laboratories promptly following standard regulated packaging and transportation requirements.

For further information contact [HEALTH Special Pathogens Laboratory](#)

## YELLOW FEVER

### **ORGANISM NAME**

Yellow Fever virus (*Flavivirus*)

### **ASSOCIATED DISEASE**

Yellow Fever

### **REPORTABILITY REQUIREMENTS**

#### **HIGH PRIORITY**

Immediately report positive findings to the HEALTH Office of Communicable Diseases by telephone at (401) 222-2577. If results are determined outside of normal HEALTH business hours, call the HEALTH after-hours answering service at (401) 272-5952 and ask the operator for the HEALTH physician. Report lab requests from physicians on cases of:

- Fourfold or greater rise in yellow fever antibody titer in a patient who has no history of recent yellow fever vaccination and cross-reactions to other flaviviruses have been excluded **OR**
- Demonstration of yellow fever virus, antigen, or genome in tissue, blood, or other body fluid.

Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

HEALTH will case manage specimens to appropriate laboratories at CDC. Contact [HEALTH Special Pathogens Laboratory](#) for assistance.

## ***YERSINIA ENTEROCOLITICA***

### **ORGANISM NAME**

*Yersinia enterocolitica*

### **ASSOCIATED DISEASE**

Yersiniosis

### **REPORTABILITY REQUIREMENTS**

Report positive findings to the HEALTH Office of Communicable Diseases by mail (Rm 106, RI HEALTH, 3 Capitol Hill, Providence, RI 02908), telephone (401) 222-2577, or fax (401) 222-2488 within four working days of obtaining a positive laboratory result. Positive findings include:

- Culture of a clinical specimen [stool].

When reporting, include a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. Indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

Submit all positive cultures to HEALTH Laboratories.

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Subculture a pure isolated colony onto a screw cap slant of appropriate media. Isolates on plated media are also acceptable if the plates are sealed with tape or parafilm. Complete a HEALTH Laboratories Specimen Requisition Form. Under the Microbiology Laboratory Tests request section, select the "Enteric Pathogen Isolate" test, and write in the name "Shigella" next to the test. Package and transport the isolate to the HEALTH Laboratories promptly following standard regulated packaging and transportation requirements.

For further information contact [PH Microbiology Laboratory](#)

## ***YERSINIA PESTIS***

### **ORGANISM NAME**

*Yersinia pestis*

### **ASSOCIATED DISEASE**

Plague

### **REPORTABILITY REQUIREMENTS**

#### **HIGH PRIORITY- considered an agent of bioterrorism.**

Immediately report to the HEALTH Office of Communicable Diseases by telephone at (401) 222-2577 and the HEALTH Bioterrorism Response Laboratory at (401) 222-5585, under the following conditions:

- Isolation of *Y. pestis* from a clinical specimen **OR**
- Fourfold or greater change in serum antibody titer to *Y. pestis* F1 antigen.

If any of these conditions are met outside of normal HEALTH business hours, call the HEALTH after-hours answering service at (401) 272-5952 and ask the operator for the HEALTH physician.

When reporting indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physicians name, and race and ethnicity of the case.

### **REQUIREMENTS FOR SPECIMEN SUBMISSION TO HEALTH**

HEALTH will case manage specimen submission to CDC. Contact State Laboratory for consultation

### **SPECIMEN COLLECTION, HANDLING, AND TRANSPORT**

Refer to the current version of the LRN Level A Protocol for *Yersinia pestis* for specimen selection and collection guidelines. This protocol is available in your laboratory's Bioterrorism Manual, and can also be accessed via the internet at <http://www.bt.cdc.gov/labissues/index.asp>.

For suspicious isolates, submit the original culture plate on the initial day of isolation. Seal the plates with Parafilm or other appropriate barrier film. Package and transport the isolate in

transport containers supplied by the HEALTH Bioterrorism Response Laboratory (marked with specific labeling), following standard regulated packaging and transport requirements.

For clinical specimens, follow the same instructions as those described for isolates, with the additional requirement of maintaining refrigerated temperature conditions by surrounding the internal shipping container with blue or wet ice.

### **ADDITIONAL INFORMATION**

HEALTH Bioterrorism Response Laboratory offers rapid testing for this organism (from primary specimens and isolates) in addition to standard testing.

For further information contact [HEALTH Bioterrorism Response Laboratory](#).

## SECTION V

# CLINICAL TESTING SERVICES OFFERED BY RI HEALTH LABORATORIES

Listed below is a description of those tests, by general category, that are performed by HEALTH Laboratories. A more thorough description for each of these categories of tests is given in the “Rhode Island HEALTH Laboratories Guide for the Collection, Submission, and Transport of Clinical Specimens ([click](#) ).

### **Bioterrorism Response Laboratory**

Agents of bioterrorism

CDC Web site for more information: <http://www.bt.cdc.gov/agent/agentlist.asp>

### **Molecular Diagnostics**

Disease agents with confirmed positive findings via PCR and other molecular diagnostic techniques

### **Mycobacteriology (Tuberculosis)**

### **Public Health Microbiology**

Enteric Pathogens

Ova and Parasites

Strep

Gonorrhoea

### **Serology Laboratory**

Arbovirus

Chlamydia and Gonorrhoea

HIV

Mumps

Rubella

Rubeola

Syphilis

### **Special Pathogens**

Blood Parasites

Reference Microbiology

### **Virology**

Arbovirus

Rabies

Influenza

# SECTION VI

# APPENDICES



### ***Internet Links***

Rules and Regulations Pertaining to the Reporting of Communicable, Environmental and Occupational Diseases R23-10-DIS of September 2002. This document can be accessed at <http://www.rules.state.ri.us/rules/wrappers/2157.html> . **When on the internet use browser back button ⊕ to return to this document.**

Rhode Island HEALTH Laboratories Guide for the Collection, Submission, and Transport of Clinical Specimens ([click here for link to specimen manual](#)). **When on the internet use browser back button ⊕ to return to this document.**